FORM DPW-CIA 2/05

STATE OF HAWAII Department of Accounting and General Services Division of Public Works

MONTHLY ESTIMATE

			F	OR THE MON	TH OF	January	2009			
0017710707	250						Date:	Februa	ry 4, 2009	
CONTRACTOR:	PER, Inc.	ab a al Cta		200		.	A A. B. P		•	. /.
ADDRESS:	378 North S		eet, #	200			tract No.		,	
City, State ZIP:	Honolulu, H		***************************************				Job No.	12-37-7	225 🗸	
PROJECT TITLE: CONTRACT	Leahi Hospi	tal Renov	/ation	s, Sinclair Buildi	FOR INSP	ECTION BRA		COMM	ENCEMENT REQUIRE	MENTS
Basic Contract A	mount	\$		800,000.00	DUE MON	THLY:				
					[] PROJE	ECT SCHEDUL	E - INITIAL & ON	(GOING		
					[] DAILY	REPORTS		[] PA	YROLL AFFIDAVITS	A STATE OF THE STA
					MONTHLY	ESTIMATE	CHECKLIST			
CHANGE ORDE	<u>RS</u>				[] CONT	RACT NUMBER	t	[] PRO	JECT NAME & LOCATI	ON
Total \$	-	****			[] ALL SE	GNATURES				
Adjusted Contrac	t Amount	\$		800,000.00						
WORK ACCOME	PLISHED		<u>B</u>	asic Contract		Change	e Order		<u>Tota</u>	<u> </u>
Completed to Da	te	74.53%		596,200.00	#DIV/0!	\$	**	_\$	596,200.00	<u> </u>
Retained			\$	46,363.00		\$	No.	<u>\$</u>	46,363.00	<u>.</u>
Amount Subject t	o Payment		\$	549,837.00		\$	•	\$	549,837.00	
Payments to Date	e		\$	299,864.00		\$	=	\$	299,864.00	1
Payments Now D	ue		\$	249,973.00		\$		\$	249,973.00	
Payment No.		<u> 2</u> 3	<u>}</u>							_
Computed and Checked by:	<i>0</i> , .			, ,		its have been si			thas not been received, per deductive exclusion:	
Recommended:	Project Inspector or Eng	ineer	2	2/5/09 Data:		-				
							PEF	R, Inc.	<u></u>	
Dand 7	mur	hero		2/5/09	Name of Contr	ractor	94			
Clyle Z	Area Engineeriarchitect			FEB 6 2009		2				2/2/00
Approved:	Branch Chief or District 8	Engin eer		Date	By signature :	Title:				2/3/09 Date
- Committee	-441	1000								

Waley C. M. Kwock, Senior Project Manager

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

Department of Accounting and General Services Division of Public Works

For the Month of: January 2009

CONTRACTOR:

PER, Inc.

Contract No.: 57535

PROJECT TITLE:

Leahi Hospital Renovations, Sinclair Building - Reroof

DAGS Job No.: 12-37-7225

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	
	PER, Inc.	General Contractor	ABC-23456	\$800.000	\$596,200	74.53%	5%	\$29,810 A

							SU CONTRAC
SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL.	% CMPL	RETN %	AMOU
SOBCONTRACTOR	ITAUL	100.	**************************************	3.2.07.1.0	<u> </u>		
Aikane Electric	Electrical	C-6665	\$12,020	\$9,015	75.00%	5%	\$4
A & J Painting, LLC	Painting	C-27590	\$26,890	\$16,134	60.00%	5%	\$8
Dynamic Interiors	Cement Plaster	C-19041	\$27,800	\$24,873	89.47%	5%	\$1,2
Hawaiian Ironworks	Structural Steel	C-26738	\$152,900	\$138,191	90.38%	5%	\$6,
Moriyama Construction Inc.	Roofing	C-22664	\$134,280	\$107,424	80.00%	5%	\$5,3
T. Taketa Sheet Metal, Inc.	Sheet Metal, A/C & Vent	C-5343	\$70,750	\$7,075	10.00%	5%	\$3
Titan Industries, LLC	Demo, Asbestos, Lead	C-28868	\$28,420	\$28,420	100.00%	5%	\$1,4
					#DIV/0!	10%	
					#DIV/0!	10%	
					#DIV/01	10%	

7				#DIV/0!	10%	\$0
ヿ				#DIV/0!	10%	\$0
_				#DIV/0!	10%	\$0
				#DIV/0!	10%	\$0
					<u> </u>	
ł	Total Retained from Subs	}				\$16,553

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)

\$46,363

\$0

\$0

I certify that the above retentions are correct for this request.

Name of Contractor

PER, Inc.

Checked/Verified by:

#DIV/01 #DIV/0!

#DIV/0!

#DIV/0!

10%

10%

10%

By Signature

initial - Project Inspector or Engineer

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES DIVISION OF PUBLIC WORKS Monthly Payment Slip

PAYMENT NO.: 3

PROJECT TITLE: LEAHI HOSPITAL - RENOVATION OF SINCLAIR BUILDING, REROOF

DAGS JOB NO.: 1 2-37-7225 CONTRACT NO.: 57535 **BILLING MONTH: January-09 CONTRACTOR: PER, INC VENDOR CODE: 11269700** Original Contract Payment Suffix: 1, 2 **Amount Earned Retainage Amount Due** Suffix **Fund Symbol** B05-467M \$148,900.00 \$ 11,957.47 \$136,942.53 \$122,900.00 \$ 9,869.53 \$113,030.47 01 B06-470M \$271,800.00 \$21,827.00 \$249,973.00 **Totals: Change Order Payment** Suffix: 3 **Fund Symbol Amount Earned Retainage Amount Due Suffix** B05-467M \$0.00 \$0.00 03 \$0.00 Totals: \$249,973.00 **Grand Total:** \$271,800.00 \$21,827.00 Verified By (This Section for Administrative Services Office Use Only) Vendor Code 11269700 Cost Code 3A1 2130N40 Voucher No. Verified By